



CERTIFICATE OF OCCUPANCY APPLICATION
CITY OF LONGVIEW

ADDRESS TO BE INSPECTED: _____

APPLICANT'S NAME: _____

NEW BUSINESS NAME: _____

BUSINESS USE: _____ **OCCUPANCY TYPE**
(STATE SPECIFICALLY WHAT BUSINESS WILL BE USED FOR)

PREVIOUS USE OF BUILDING: _____ **OCCUPANCY TYPE**

SQUARE FOOTAGE: _____ CURRENTLY OCCUPIED?: YES NO

NUMBER / PARKING SPACES: _____ PRIVATE CLUB?: YES NO

NUMBER OF SEATS: _____ OUTSIDE STORAGE?: YES NO

CLEAN UP FOR SHOW (ELECTRICAL INSPECTION / NO BUSINESS OCCUPANCY)

REPAIR OR REMODELING NECESSARY FOR OCCUPANCY

OCCUPY (AS A BUSINESS)

DOES YOUR BUSINESS INVOLVE THE SALE, USE OR STORAGE OF:

HAZARDOUS MATERIALS	PAINT PRODUCTS	WELDERS / TORCHES
FLAMMABLES / COMBUSTIBLES	WOOD WORKING PROCESS	FOOD PREPARATION
EXPLOSIVES / FIREWORKS	METAL WORKING PROCESS	ALCOHOLIC BEVERAGES
POISONS / ACIDS	AUTO REPAIR OR STORAGE	

APPLICANT'S MAILING ADDRESS: _____

APPLICANT'S PHONE NUMBER: _____

APPLICANT'S SIGNATURE: _____

DATE OPEN FOR INSPECTION: _____ AM: _____ PM: _____
(8:30-12:30) (1:30-4:30)

EMAIL: _____

**IF YOUR BUSINESS IS A RESTAURANT, PRIVATE CLUB, CHURCH OR DAYCARE
YOU WILL BE REQUIRED TO PROVIDE A SEATING AND FLOOR PLAN
WHICH DEPICTS THE ACCURATE SQUARE FOOTAGE OF LEASE SPACE/BUILDING.
ALL APPLICATIONS MUST SUBMIT PARKING SITE PLAN SHOWING DUMPSTER LOCATION.**

NOTICE: Ordinance # 3456 Customer Service Survey of all premises for cross connections of the Potable Water System along with all required backflow protection devices with current test reports, may be required. Under T.C.E.Q. the property owner / person in control is responsible for furnishing all protection of the Potable Water.